



OFFICE OF STATE PERSONNEL

BANDED POSITION DESCRIPTION FORM



Place your cursor on the gray box to begin typing. Use your Tab key to go to the next box.

Name of Employee	Present Classification Title
Present 15 Digit Position Number/Proposed Number	Usual Working Title of Position
Department, University, Commission, or Agency	Institution & Division
Street Address, City and County	Section & Unit
Location of Workplace, Bldg. And Room Number	Supervisor's Position Title & Number
Name of Immediate Supervisor	Work Hours (i.e. 8:00-5:00pm, etc.)
Work Schedule (i.e. Mon-Fri, rotating shifts, etc.)	
Primary Purpose of the Organizational Unit:	
Primary Purpose of Position:	
%	Description of Work: Describe the purpose of the job, and the major functions in which the employee participates or for which the employee is responsible. In the small left-hand column, indicate the percent of time the employee spends in each functional element. The percentage amounts should add up to 100%. In addition, please place an asterisk (*) next to each essential duty/function. (Note: Typing space will expand as you type)

Education Requirement:	
Necessary Special Qualifications:	
Competencies: <i>Knowledge, skills, abilities and attributes required in this position? What educational background is needed to perform these duties and responsibilities? What kind of work experience is needed?</i>	
License or Certification Required by Statute or Regulation: <i>Is a license or certificate required? What kind and type?</i>	

Employee's Signature/Title

Date

Supervisor's Signature/Title

Date

HR Manager or Designee Signature

Date